1997 LOW VAPOR PRESSURE VOLATILE ORGANIC COMPOUND SURVEY FOR CONSUMER AND COMMERCIAL PRODUCTS

June 30, 1998

ONLY USE THE SURVEY FORM PROVIDED IN THIS PACKAGE, DO NOT USE ANY PREVIOUS CONSUMER PRODUCT SURVEY OR REGISTRATION FORMS.

THIS SURVEY IS MANDATORY.

DUE DATE: SEPTEMBER 31, 1998

California Environmental Protection Agency

Air Resources Board

Responsible Party

Stop!

Read This!

The "*Responsible Party*" means the company, firm or establishment which is listed on the label of a consumer or commercial product covered by this survey. If the label lists two companies, firms or establishments, the responsible party is the party which the product was "manufactured for" or "distributed by", as noted on the label.

The products covered by this survey are listed in Attachment A. If you are <u>not</u> the Responsible Party for any product covered by this survey, please complete the top portion of the **Company Form** <u>only</u> and return this form to the following address:

California Air Resources Board
Stationary Source Division
2020 L Street
P.O. Box 2815
Sacramento, CA 95812
Attn: Strategy Evaluation Section



TABLE OF CONTENTS

THIS PACKET CONTAINS:

I	Survey Overview and Instructions		pp 1-8
II	Survey Forms and Sample Forms		
III	Attachments for completing the survey		
	Attachment A:	Product Categories Included in Survey with 4-digit Product Category Code	A-1
	Attachment B:	Standard Industrial Classification (SIC) Codes	B-1
	Attachment C:	Selected Solvents Used in Commercial and Consumer Products	C-1
	Attachment D:	Definitions	D-1
	Attachment E:	United States Resident Population	E-1
	Attachment F:	Title 17, California Code of Regulations, Section 91000 to 91100	F-1
	\wedge	(The Air Resources Board's authority to collect information and the handling of confidential information)	

IF YOUR PACKET IS MISSING ANY ITEMS LISTED ABOVE, PLEASE CALL:

Mr. Erik White (916) 327-2953

Ms. Lesley Crowell (916) 323-7227

Facsimile number (916) 322-6088

ONLY USE THE SURVEY FORMS PROVIDED IN THIS PACKAGE. DO NOT USE ANY PREVIOUS CONSUMER PRODUCT SURVEY OR REGISTRATION FORMS.

Part I Survey Overview and Instructions

SURVEY OVERVIEW AND INSTRUCTIONS

The Air Resources Board's (ARB) 1997 Low Vapor Pressure Volatile Organic Compound Survey for Consumer and Commercial Products is intended to collect information about the use of selected solvents in the consumer product categories listed in Attachment A that were sold for use in California in calendar year 1997. You must complete this survey if you are the *responsible party* for any product listed in Attachment A. The *responsible party* is the company, firm or establishment which is listed on the label.

We would like to emphasize that this survey <u>is</u> intended to collect information about consumer products and commercial products (products used by household, commercial and institutional consumers), as well as products that are sold for consumer, commercial, institutional, and industrial uses concurrently. All consumer and commercial products which fall into categories in Attachment A must be reported, regardless of whether a product or ingredient has been exempted from regulation.

For the purposes of this survey only, the term "commercial" is used rather than "institutional." The term "commercial" has the same definition as "institutional," but we feel that "commercial" better fits how many companies view their products.

With the exception of industrial *aerosol adhesives*, this survey is <u>not</u> intended to collect information about products sold and used <u>exclusively</u> as *industrial products* or *pesticides* for *agricultural use*.

This survey includes three components; the **Company Sheet**, the **Formulator Sheet** and the **Product Sheet**. We appreciate your time in reading the instructions and completing this survey. If you have any questions, please do not hesitate to call Mr. Erik White at (916) 327-2953 or Ms. Lesley Crowell at (916) 323-7227.

Survey Due Date

This survey is due **September 31, 1998**. Once it is completed, please send it to:

California Air Resources Board Stationary Source Division 2020 L Street P.O. Box 2815 Sacramento, CA 95812

Attn: Strategy Evaluation Section

CONFIDENTIAL MATERIALS ENCLOSED

SURVEY OVERVIEW AND INSTRUCTIONS

Confidential Information

The ARB will treat ALL information that you provide in this survey as Confidential. Title 17, California Code of Regulations (CCR), Section 91000 to 91100 (Attachment F) describes the handling of Confidential Information. We also request that you review and complete the Confidential Information Submittal Form found in Part II, and submit a hard copy of it with your completed survey. Finally, for your protection, each page of the survey form has a box to check to indicate that the information on that page is confidential. The ARB takes extreme measures to ensure that all Confidential Information remains confidential pursuant to Title 17, CCR.

Contact People

If you have any questions, please contact any of the following staff:

Erik White (916) 327-2953 Lesley Crowell (916) 323-7227

COMPLETING THE INFORMATION SHEETS

This survey is composed of three components, the **Company Sheet, Formulator Sheet** and the **Product Sheet**. Before you begin filling out the survey forms, please read the instructions carefully and look at the attachments included to assist you in completing the survey. Included for your assistance are sample forms.

COMPANY AND FORMULATOR SHEETS

The following instructions apply to the Company Sheet and Formulator Sheet. General company information such as name and address are needed, as well as fundamental information regarding the company economics and business type. This information will assist us matching the responses to this survey with those from the 1997 Consumer and Commercial Products Survey.

If your company is not the *responsible party* for products listed in Attachment A, please complete and submit only the top portion of the Company Sheet to the ARB. If your company is the responsible party for any products listed in Attachment A, please complete the entire Company Sheet and the appropriate number of Product Sheets.

Please provide only one Company Sheet when submitting your survey. It is not necessary to attach a Company Sheet to each Product Sheet.

SURVEY OVERVIEW AND INSTRUCTIONS

Data Fields

Company Name: Please enter the name of the company. This name should also be the company name on the Product Information Sheet.

Division Name: If the respondent to the survey is representing a division of the company, please enter the name of the division. This name should also be the division name on the Product Information Sheet.

Contact Name: Enter the name of the person to be contacted by the ARB if clarifications are needed.

Address: Enter the mailing address of the company or division responsible for completing the survey.

Phone Number: Enter the telephone number of the contact person.

Fax Number: Enter the fax number of the contact person.

E-mail Address: Enter the E-mail address of the contact person, if available.

Responsible Party: Enter the appropriate answer in the box (yes or no) to indicate if your company is the *responsible party* (see definitions) for any of the product categories listed in Attachment A that were sold in California in calendar year 1997. <u>If you are not the *responsible party*</u>, please stop here and submit this form to the ARB.

Type of Business: Place an "X" in each box that describes the type of business conducted by your company or division. Please refer to the Definitions in Attachment D for clarification of the terms in this question.

Standard Industrial Classification (SIC) Codes: Enter any of the following SIC codes that apply to the company for the products listed in Attachment A. If none of these SIC codes apply, please fill in the company's primary SIC code(s). For clarification about SIC codes, please refer to the Executive Office of the President, Office of Management and Budget, 1987 Standard Industrial Classification Manual or call a member of the ARB staff. A list of SIC codes is provided in Attachment B.

Independent Ownership: Enter the appropriate answer (yes or no) to indicate if the company is *independently owned*. Please refer to the Definitions in Attachment D for clarification of the terms in this question. If the company is not *independently owned*, enter the name and address of

SURVEY OVERVIEW AND INSTRUCTIONS

the parent company in the spaces provided.

Number of Employees Nationwide: Enter the number of *employees* (including full-time, part-time and temporary staff) of the company or division nationwide. Please refer to the Definitions in Attachment D for clarification of the terms in this question.

Number of Contract Employees Nationwide: Enter the number of *contract employees* of the company or division nationwide. Please refer to the Definitions in Attachment D for clarification of the terms in this question.

Number of Employees in California: Enter the number of *employees* (including full-time, part-time and temporary staff) of the company or division in California. Please refer to the Definitions in Attachment D for clarification of the terms in this question.

Number of Contract Employees in California: Enter the number of *contract employees* of the company or division in California. Please refer to the Definitions in Attachment D for clarification of the terms in this question.

Typical Gross Annual Receipts: Enter the corresponding answer for the *typical gross annual receipts* generated by the company or division worldwide. Please refer to the Definitions in Attachment D for clarification of the terms in this question.

Forwarding the Survey to Another Company for Formulation Data: In the event you do not know the product formulation information required in the Product Sheet, please do the following:

- 1) Indicate in the box provided on the Company Sheet that your company will be forwarding a copy of this survey to another company for completion.
- 2) Complete and submit to the ARB the Company Sheet, the Formulator Sheet and the **Product Sheet B**. This product sheet has the Ingredient Information section removed.
- Fill out the Responsible Party and Product Data section of **Product Sheet C**, and forward this sheet with a blank copy of the entire survey to the formulator. This product sheet has the Relation to Product section replaced by the Formulator Company Data section. Request that the formulator complete and submit to the ARB the Ingredient Information section and Formulator Company Data section of Product Sheet C.

SURVEY OVERVIEW AND INSTRUCTIONS

Certification: Please have a designated contact person certify the accuracy of the completed Company Sheet and Product Sheets.

PRODUCT SHEETS

All product responses are to be placed on this form. There is one product or group of products per form. Please number the product sheet in the space provided in the header. There are several things to remember as you complete this section of the survey:

- A) Only complete the Product Sheet(s) if you are the *responsible party* for any of the product categories listed in Attachment A that were sold in California in calendar year 1997.
- B) You may group products according to the criteria listed under the Product Name field below.
- C) The survey must be completed using data from calendar year 1997, or if these data are not available, the most recent twelve month consecutive period beginning no earlier than July 1, 1996.
- D) All products that fall into the product categories listed in Attachment A must be reported, irregardless if they have been reported in previous ARB consumer products surveys. The product sheet, including speciation of the selected solvents listed in Attachment C, must be completed entirely.
- E) If you have all of the ingredient information for your product, use **Product Sheet**A. If you are sending the product sheet to the formulator to complete the Ingredient Information section, use **Product Sheets B and C**. The survey forwarding instructions are on page 4.

Data Fields

Responsible Party Name: Please enter the name of the company. This should be the same as the name on the Company Sheet.

Formulator Name: If you are forwarding the Product Sheet to another company for completion of the Ingredient Information section, please enter the name of the formulator. This need only be completed on Product Sheets B and C.

SURVEY OVERVIEW AND INSTRUCTIONS

Full Product Name: Please provide the name of the product as shown on the *principal display panel* or a representative name for a group of products that have been aggregated. Products may be aggregated according to the following criteria:

- 1) All products must have the same Category Code (see below).
- 2) All products must be in the same form (e.g. aerosol product, pump spray, etc).
- 3) The products included in the group must have no greater than two percent variation in total volatile organic compound (VOC) content, where the difference is only due to the type or amount of *fragrance* or *colorant*
- 4) List the names of the products to be aggregated on the back of the Product Sheet.

Product Form: Place an "X" in the box for the form of the product according to the options listed below. **Select only one form.** (If the product appears in more than one form, use a separate product information packet for each form). Definitions of the *product forms* are provided in the Definitions in Attachment D. If you are unsure of the form of your product, please contact an ARB staff person.

- (A) Aerosol Product
- (B) Liquid
- (C) Pump Spray
- (D) *Gel*, grease, (semisolids)
- (E) *Solid* (including powders)
- (F) Other

Category Code: Enter the four digit category code for the product as listed in Attachment A. If you are unsure of the correct category code for your product, please contact ARB staff listed below the Table of Contents. If your product could be placed in more than one category, select the category that best describes the product.

SURVEY OVERVIEW AND INSTRUCTIONS

Customer Type: Place an "X" in the box that best describes the customer type for your product according to the options listed below. Industrial products are those products used strictly in the manufacture of other marketable products.

- (A) Household only
- (B) Commercial only
- (C) Industrial only (applies only to aerosol adhesives)
- (D) Household and Commercial
- (E) Commercial and Industrial
- (F) Household, Commercial and Industrial

If your product falls under options (D), (E) or (F), please enter the percent usage of your product by the various customer types in the spaces provided (e.g. Household 50%, Commercial 50%).

Sales Reporting Options: You have two options for entering the sales of your product. Regardless of the option chosen, provide calendar year 1997 California sales data, or, if 1997 sales are not available, provide the sales for the most recent 4 quarters for which data are available. This period should begin no earlier than July 1, 1996.

Option 1:

Calculate the total 1997 product sales in California (in pounds less packaging) and enter this amount in the box provided.

Option 2:

- a) List the product sizes and the estimated number of units sold in each size in California in 1997.
- b) Place an "X" in the Size Units box indicating whether your product size units are fluid ounces or weight ounces.
- c) If your size units are listed in fluid ounces, please provide either the density of the product in pounds per gallon or grams per milliliter, or provide the specific gravity. Spaces are provided for these entries.

Estimating California Sales: If California-specific sales data are not available, sales may be estimated using national or *regional* sales figures that are apportioned appropriately. If you use population as a basis for determining sales, please use the population estimates provided in Attachment E.

Entering Sales Data for Grouped Products: If you are grouping products, please combine the sales of all grouped products. Be sure the individual product names are listed on the back of the Product Sheet.

SURVEY OVERVIEW AND INSTRUCTIONS

Relation To Product: Indicate whether you are the *manufacturer*, *retailer*, *distributor*, *private label contract packager* or the *custom contract packager* of the product. Place an "X" in the appropriate box or boxes, if more than one box applies. For example, many companies manufacture and sell their products in their own retail locations, in which case both Manufacturer and Retailer would be indicated.

Previous surveys: Indicate in the boxes provided whether the product was reported on the:

- (A) 1990 Consumer Products Survey of VOCs
- (B) Mid-Term Measures 1994/1995 Consumer Products Survey

LVP-VOC Solvent Speciation Table: <u>Every solvent</u> meeting the definition of an *LVP-VOC* that amounts to 0.1 weight percent or more of the product must be listed. <u>In addition</u>, any other compound or mixture contained in Attachment C that amounts to 0.1 weight percent or more of the product must also be listed. <u>Do not list the same ingredient twice</u>. The aggregate total of <u>all solvents</u> meeting the definition of an *LVP-VOC*, <u>and</u> any compound or mixture contained in Attachment C, which individually represent less than 0.1 weight percent of the product should be entered into the box at the bottom of the speciation table. If your product does not use a solvent meeting the definition of an *LVP-VOC*, skip down to "Total VOC Content (Total A)."

Ingredient Name: Enter the name of the Ingredient.

Trade Name: Enter the trade name of the solvent, if known. This applies even if the trade name is the same as the solvent name.

CAS #: Please enter the Chemical Abstract Service (CAS) number for the solvent. A list of CAS numbers for many of the selected solvents is included in Attachment C. Please use this information <u>only</u> if you are unable to obtain the CAS number of the solvent from your supplier.

Weight %: Enter the percent by weight to the nearest 0.1% of the solvent in the final product. If the solvent is a mixture of known components, list the components separately with their individual weight percentages in the final product. If the components of a solvent mixture cannot be determined, list the solvent as a single entity.

Total VOC Content (Total A): Aggregate the total weight percent of all *volatile organic compounds* and enter this amount to the nearest 0.1 percent.

SURVEY OVERVIEW AND INSTRUCTIONS

Total Exempt/Inorganic/Water Content (Total B): Aggregate the total weight percent of all *exempt compounds*, inorganic compounds, and water and enter this amount to the nearest 0.1 percent.

Total Surfactant Content (Total C): Aggregate the total weight percent of all surfactants and enter this amount to the nearest 0.1 percent.

Total LVP-VOC Solvent Content (Total D): Sum the weight percentages for the solvents listed in the table above, including the total of the solvents which are individually less than 0.1% of the product. If you have not listed any solvents in the table above, enter 0.

Total Other LVP-VOC Content (Total E): Aggregate the total weight percent for all *LVP-VOCs* that are either <u>not</u> a surfactant or <u>not listed</u> in the Selected Solvent Speciation Table and enter this amount to the nearest 0.1 percent.

Total Ingredients: The sum of Total A, Total B, Total C, Total D and Total E **must equal 100 percent**. If this value does not sum to 100, check the component percentages for an error.

